

PETERBOROUGH JOINT EDUCATION BOARD

ANNUAL REPORT of the SCHOOL MEDICAL OFFICER
FOR THE YEAR 1949

G. NISBET, M.B., Ch.B. (Ed.), D.P.H., R.C.S., (Ed.).

STAFF

School Medical Officers —
(City Area)

William Johnstone, M.D., D.P.H.
(resigned August, 1949)

George Nisbet, M.B., Ch.B., D.P.H.
(appointed September, 1949)

(Grammar Schools and Rural Area) Christopher Rolleston, D.M., D.P.H.,
M.R.C.P., M.R.C.S.
(retired 31st December, 1949)

Dental Officer

W. McGregor Morton, L.D.S.
(resigned March, 1949)

Thomas Henry Roberts, L.D.S.
(appointed 1st September, 1949)

Assistant Dental Officer

Miss Mairead Egan, B.D.S.
(resigned September, 1949)

School Nurses

Mrs. L. Young, S.R.N., R.F.N.
Mrs. S. A. Coward, S.R.N., B.T.A.
Miss A. V. Sydee, S.R.N., S.C.M.

Dental Attendants

Miss E. B. Allen
Miss P. Johnson
(appointed 1st September, 1949)

Ophthalmic Surgeon (part-time)

John Hurndall Gann, M.R.C.S.

To:— **The Chairman and Members of the Peterborough Joint Education Board.**

Ladies and Gentlemen,

I have the honour to present the Annual Report of the health of school children in the County of the Soke of Peterborough for the year 1949.

The year has been a confusing one from the point of view of school medical inspection.

Up to August the school medical work in the City schools (except for the three Grammar Schools) was undertaken by the former City Medical Officer, Dr. William Johnstone. Upon his resignation the Peterborough Joint Education Board approached the Soke of Peterborough County Council requesting that I, as County Medical Officer, should be responsible for the school medical service in the City area for a temporary period. As the terms of my appointment allowed for this, the County Council agreed to this proposition. From the end of August, therefore, I became School Medical Officer for the schools in the City area—except for the three Grammar Schools.

Dr. Rolleston, the former County Medical Officer for the Soke of Peterborough, continued to be responsible for the school medical service in the rural areas and for the three Grammar Schools in the City, viz, Deacon's, King's, and the County Grammar School for Girls. He held this appointment up to December 31st, 1949, when, upon his resignation, the whole of the schools in the area (City and Rural) came under my jurisdiction, and, now that I am, from January 1st, 1950, School Medical Officer to the Peterborough Joint Education Board, I present my report for the year 1949.

Dr. Rolleston has, I believe, submitted a separate report dealing with his work in the rural schools, but to avoid further confusion and to allow for comparison in future years, I am including in this report details of all the school medical work done in the county during the year 1949.

On taking up the post of School Medical Officer, I was rather surprised to find that the standard medical inspection cards, approved by the Ministry of Education in 1945 and generally adopted by all authorities in 1948, had never been put into use in the City Area, nor had the age groups of the "Intermediates" and "Leavers" been examined as laid down by The Handicapped Pupils and School Health Service Regulations, 1945 (Section 49), which state:—

- (a) Every pupil who is admitted for the first time to a maintained school shall be inspected as soon as possible after the date of his admission.
- (b) Every pupil attending a maintained Primary School shall be inspected during the last year of his attendance at such School.
- (c) Every pupil attending a maintained Secondary School shall be inspected during the last year of his attendance at such School,
and
- (d) Every pupil attending a maintained School or County College shall be inspected on such other occasions as the Minister may from time to time direct or the Authority with the approval of the Minister may determine.

I found that in the City area children had been examined at 8-9 years of age instead of during their last year of attendance at a primary school (10-11 years), and the Third Age Group children had been examined at 13 years instead of 14-15 years.

This means that all children in the Intermediate Group will have to be examined again at 10-11 years, otherwise they will miss a routine medical examination for 6 years (from 8 years plus to 14 plus). All this has added greatly to my work as School Medical Officer. However, every effort is being made to "catch up" on outstanding work. The new standard medical inspection cards have been put into use for all new entrants, and the age groups for medical inspection have been brought into line with the requirements of the Ministry of Education.

Although approximately 800 children were admitted to schools in the City during 1949, only 225 "entrants" had been medically examined when I took over the schools on September 1st.

GENERAL STATISTICS

Civilian Population (mid-1949)

City of Peterborough	54,120
Peterborough Rural District	7,242
Barnack Rural District	2,327
Administrative County	63,609

Number of Schools

Primary	36
Secondary Modern	7
Grammar	3
Nursery	2
Open-air	0
Total	48

MEDICAL INSPECTION

Number of Children Examined, 1949

Entrants	562
Second Age Group	557
Third Age Group	533
Other Periodic Inspections	37

Total 1,689

Number of Special Inspections	79
Number of Re-inspections	348

Total 427

Grand Total 2,116

594 of the 1,689 routine inspections were carried out by Dr. Rolleston; the remainder were undertaken by Dr. Johnstone and myself.

Medical inspections and/or re-inspections were carried out at all schools except the following:—

All Saint's Junior Girls	
Dogsthorpe Junior	
Eastholme Junior Mixed	
New Fletton Infants	
Newark	
Queens Drive Infants	
St. Mary's Infants	
West Town Infants	
Woodston Junior Mixed	
Village College, Glington	) Rural Areas
Thornhaugh	
Wittering	

Children at these schools were medically inspected early in 1950.

FINDINGS OF MEDICAL INSPECTION

DISEASES AND DEFECTS

Of the 1,689 children examined at the periodic medical inspections, 270 were found to be suffering from a disease or defect (other than dental diseases and infestation with vermin). This represents 15.9 per cent of all pupils inspected, which is a lower percentage than the average for England and Wales, which is 20%.

The following Table shows the number of pupils inspected and the number found to require treatment in the various age groups:—

Group	Number of Children:—		Percentage of children found to require treatment
	Inspected	Found to require treatment (excluding dental diseases and infestation with vermin)	
Entrants	562	85	15.5
Second Age Group	557	96	17.2
Third Age Group	533	81	15.1
Other Periodic Inspections	37	8	21.6
TOTAL	1689	270	15.9

The higher percentage of children found to require treatment in the Second Age Group and among "Other periodic Inspections" is accounted for by the larger number of pupils in these groups who were found to have defective vision.

Reference to Table II on Page 10 shows that defective vision, nose and throat defects, and orthopaedic conditions account for 72.5% of the defects found at routine medical inspections, viz:—

Eye Defects	64	23.7%
Nose and Throat	54	20.0%
Orthopaedic Defects	78	28.8%

GENERAL CONDITION

The classification according to general condition now replaces the previous classification of the nutrition of pupils. The categories used are:— A (Good), B (Fair), and C (Poor), and each child examined is assessed under one of these headings.

The following Table shows the classification of pupils examined at routine inspections during 1949:—

Age Group.	Number of Pupils Inspected	A		B		C	
		Good	%	Fair	%	Poor	%
Entrants	562	195	34.7	309	55.0	58	10.3
Second Age Group	557	94	17.0	425	76.4	38	6.6
Third Age Group	533	99	18.6	400	75.0	34	6.4
Other Periodic Inspections	37	—	—	35	94.6	2	5.4
TOTAL	1689	388	22.9	1169	69.4	132	7.7

For the purpose of comparison I append a table showing the classification of children inspected during the year **1948** in the schools in the City of Peterborough:—

Age Group.	Number of Pupils Inspected	A		B		C	
		Good	%	Fair	%	Poor	%
Entrants	544	267	49.08	272	50.0	5	.92
Second Age Group	555	134	24.14	413	74.42	8	1.44
Third Age Group	359	55	15.32	295	82.18	9	2.50
TOTAL	1458	456	31.28	980	67.22	22	1.5

It will be noted that 22.9% of the children examined in 1949 were classified as Good, compared with 31.28 in 1948; 69.4 were classified as Fair, compared with 67.22 in 1948, and 7.7% were classified as Poor, compared with 1.5% in the previous year.

School Meals Service.

A Cooking Depot for school meals is established in Shakespeare Avenue, Peterborough, and at the end of the year supplied a daily average of 1,886 school meals.

School Canteens are in operation at the following Schools:—

School	Daily Average
Barnack	56
County Grammar	223
Ginton	104
Helpston	46
Wittering	41
Thornhaugh	29
Village College, Ginton	307
Deacon's	136
Woodston	162
Cromwell Road	264

The daily average includes meals supplied to teachers.

The School Meals Organiser gives the number of meals supplied to school children on a typical day during the month of December, 1949, as follows:—

(a) City Schools from Cooking Depot	.....	.....	.....	.....	1,306
(b) City Schools from own Canteens	.....	.....	.....	.....	753
(c) Rural Schools from Cooking Depot	.....	.....	.....	.....	212
(d) Rural Schools from own Canteens	.....	.....	.....	.....	562
TOTAL					2,833

Approximately 35% of the children in attendance at schools in the area were having school meals at the end of the year.

CLEANLINESS

The three school nurses carried out a total of 25,376 examinations for cleanliness in the schools during the year 1949, compared with a total of 16,465 inspections carried out in the year 1948.

386 individual pupils were found to be infested with vermin, compared with 396 individual pupils found unclean in 1948. As nearly 9,000 more inspections were made in 1949 than in the previous year, the improvement in the cleanliness of the children is noteworthy. Cleaning notices were issued in respect of 90 individual pupils in 1949.

Gross verminous conditions are confined to a comparatively small number of children, most of whom are persistent offenders. It is my intention that these cases shall receive special attention, and it may be necessary to ask the Joint Board to take legal action against the parents of some cases if improvement in the condition of the children cannot be secured otherwise.

FOLLOWING-UP

Since taking up duties as School Medical Officer I have directed the school nurses to visit the homes of school children, where necessary, stressing the importance of these visits in order to encourage and, if possible, assist the parents in obtaining proper attention for their children. This was an innovation in the City area.

It is my intention that the school nursing service shall play an important part in the scheme for medical inspection and treatment of the school population, correlating the work of the school nurses with that of the health visitors of the Local Health Authority, i.e., the County Council, which, in this area, is not the Education Authority.

It is very gratifying to me as a Health Officer that through the Medical Officers at least this liaison and unification of care of all ages of the family is now possible.

TREATMENT OF DEFECTS

Table II of the Statistical Summary on Page 10 at the end of this Report details the defects found at the routine inspections, and Table IV deals with defects treated.

Great difficulty has been experienced in obtaining operative treatment for children for enlarged tonsils and adenoids, owing to the long waiting list of such cases at the Peterborough Memorial Hospital. 28 children from the rural schools were treated by tonsillectomy at the Stamford and Rutland Hospital, Stamford, but during 1949 no children were admitted for tonsils and adenoids operation to the Peterborough Memorial Hospital, although a considerable number were referred and their names placed on the waiting list.

Early in 1950 an Ear, Nose and Throat Surgeon was appointed to the staff of the Peterborough Memorial Hospital, and it is hoped that during the present year the waiting list will be considerably reduced.

The nation-wide demand for spectacles has had serious repercussions so far as school children are concerned, and as far as I could ascertain 60 or 70 children were still awaiting spectacles at the end of the year. In some cases the children had been waiting for their glasses for a year.

Orthopaedic and postural defects are referred to the Orthopaedic Surgeon at the Peterborough Memorial Hospital (Mr. Noel Smith). Very little delay has been experienced in getting these children seen and the co-operation has been much appreciated.

There is no Child Guidance Clinic in Peterborough. I have, however, by referring several children to Dr. J. V. Morris, Medical Superintendent of Little Plumstead Hall, Norwich, who holds Clinics once monthly at Kings Lynn, received valuable assistance in dealing with maladjusted and educationally sub-normal children.

There was no Speech Therapist on the staff during the year. I consider it important that the services of a Speech Therapist should be available to this Authority in the Peterborough locality. I am compiling a list of children who would benefit by Speech Therapy.

MINOR AILMENTS

Up to September school clinic sessions for the treatment of minor ailments were held on one morning and two afternoons per week, at the School Clinic premises, Town Hall, Peterborough. In the rural area the children were treated by the School Nurse on the school premises as and when necessary.

When I took over the schools I arranged that all children requiring to be seen by a Doctor should attend on a Monday morning, when I personally take charge of the Clinic. A School Nurse attends to treat minor ailments on other mornings between 9 and 10 and between 4 and 5 o'clock in the afternoons, when of course, I am available to see children considered by the Nurses to require my attention.

Details of the minor ailments treated are given below:—

Minor Ailment, disease or defect	Number of defects treated at School Clinics.
Ringworm—Body	11
Scabies	3
Impetigo	17
Other Skin Diseases	36
Ear Defects	106
Miscellaneous (e.g. minor injuries, bruises, sores, chilblains)	314
	TOTAL 487

Total number of attendances at Minor Ailments Clinics:— 1,325.

DEFECTIVE VISION

Eye Clinics are held at the Town Hall School Clinic on Monday afternoon at the proportion of 3 clinics per month for pupils attending City Schools, and 1 for children attending rural schools.

Fifty-five children examined at routine inspections were found to require treatment for defective vision, and 6 others required treatment for squint. 3 cases of external eye disease (Blepharitis) required treatment.

Together with cases standing over from previous years, cases found at re-inspections and minor ailments clinics, and children requiring re-examination, a total 426 children were referred to the Ophthalmic Surgeon, Dr. J. H. Gann, at these Clinics, during the year.

Spectacles were prescribed for 354, and by the end of the year (as far as could be ascertained) 290 pupils had obtained their glasses.

In addition to the above, 20 children suffering from other defect or disease of the eyes were referred to other Ophthalmic Surgeons.

DEFECTS OF THE EAR, NOSE AND THROAT.

As a result of routine medical inspection, 54 children were found to require treatment for defects of nose and throat; 4 children examined as "Specials" also required treatment. In addition 105 pupils examined at routine inspections required to be kept under observation for nose and throat conditions.

By the end of the year only 28 children had received operative treatment—all of them at the Stamford and Rutland Hospital.

During the last four months of the year, however, operative treatment for adenoids and chronic tonsillitis was suspended at both Peterborough and Stamford Hospitals owing to an outbreak of acute poliomyelitis in the district. This accounts to some extent for the small number of pupils treated during 1949.

106 children suffering from minor ear defects (chiefly aural wax) were treated at the Minor Ailments Clinics.

Since taking up duties as School Medical Officer I have been surprised at the large number of pupils who have aural wax requiring removal.

HANDICAPPED PUPILS

Under the Education Act, 1944, the Local Education Authority is responsible for ascertaining handicapped children from the age of 2 years.

Handicapped children are those suffering from disability of mind or body to such an extent that they require education by special methods. Eleven categories of such children are specified in the Regulations. This educational treatment must, in certain cases, be carried out in special schools; in other cases it is sufficient if special apparatus is provided or particular attention given at the local school. Blind or epileptic children must be sent to a special residential school.

In Peterborough the great need, as I see it, is for a special school, or an increase in the number of present classes in existing schools, for educationally sub-normal children.

Maybe the Joint Board would seriously consider the question of setting aside one of the smaller schools in the City for this type of child. Recruitment of staff to deal with these educationally sub-normal children should not be difficult, as there are undoubtedly a number of teachers in the employ of this Authority who are interested in, and have an aptitude to deal with these pupils. I am certain there would be no lack of trained teachers who would willingly volunteer for this special duty.

An Open-air Day School for delicate pupils might also be considered. Owing to the lack of such a school in Peterborough I have to advise the admission of delicate children to special residential schools, whereas a day school of this type would adequately meet the case for many of the children if such were available.

This would not, however, be the answer in all cases. Some children are delicate as the result of a certain vicious circle. After an illness a child tends to be "mothered" more than usual. Due to maybe excessive coddling the delicate state is continued and used as an excuse by certain mothers for further coddling, and the final result is a delicate child for whom the only remedy is to send the child to a residential open-air school, thus giving him a chance of breaking through this circle. As the mother sees the marked benefit to the child, and as he attains an independence from the separation, the improvement is permanent and striking.

The following Table shows the number of Handicapped Pupils on the Register at the end of the year 1949:—

Blind or Partially Blind	.....	.....	.....	.....	.....	5
Other Visual Defects	.....	.....	.....	.....	.....	2
Deaf or Partially Deaf	.....	.....	.....	.....	.....	4
Delicate	.....	.....	.....	.....	.....	5
Physically Handicapped	.....	.....	.....	.....	.....	8
Diabetic	.....	.....	.....	.....	.....	2
Epileptic	.....	.....	.....	.....	.....	1
Maladjusted	.....	.....	.....	.....	.....	1
Educationally Sub-normal	.....	.....	.....	.....	.....	7
TOTAL						35

(Since the beginning of 1950, the number of Handicapped Pupils ascertained has increased).

SPECIAL SCHOOLS

Three of the five blind children are being educated at Dorton House School, Bucks., one boy is at the East Anglican School for the Blind, Gorleston, and another boy is at the Royal Blind School, Sheffield.

One deaf boy was maintained during the year at the Royal Residential School, Manchester, being discharged therefrom on 22.12.49. Two deaf boys are at present awaiting vacancies at the Royal Institute for the Deaf, Derby.

Most of the delicate children who require treatment in Special Open-air schools are sent to either St. John's Open-air School, Woodford Bridge, Essex (boys) or to Port Regis Open-air School, Broadstairs (girls).

Two boys suffering from pulmonary tuberculosis were admitted to Kelling Sanatorium, Holt, Norfolk, during the year.

One diabetic boy was admitted to Hutton (L.C.C.) Residential School, near Brentwood, Essex.

Considerable difficulty is experienced in finding Special School accommodation for educationally sub-normal children.

At the time of writing this Report, 7 such children are awaiting admission to Special Schools, and another is awaiting interview at the Child Guidance Clinic at Kings Lynn.

A boy, aged 8 years, classified as Maladjusted, was resident at The Hill Orchard School, Meriden, Warwickshire.

One physically handicapped girl was being educated during the year at the Palace School for Severely Crippled Girls, Ely.

Three other children (2 boys and 1 girl) are at present awaiting admission to Special Schools for the Physically Handicapped.

SCHOOL DENTAL SERVICE

I append a report of Dental Inspection and Treatment of School Children for the year 1949, as submitted by Mr. T. H. Roberts.

"During the year 1949, Mr. Morton, L.D.S., resigned at the end of March (equivalent to three months' service), Miss Egan, B.D.S., resigned at the end of September (nine months' service) and I joined the service on September 1st (four months' service).

"So this Annual Report gives the equivalent of one dental surgeon working 16 months, or two dental surgeons working 8 months of the year.

"Since October 1st, Dr. Nisbet (Medical Officer of Health and School Medical Officer) has kindly acted as anaesthetist for me every Monday morning by administering the general anaesthetics (gas and oxygen) to the children. Without his help, there would have been no general anaesthetics administered to the children, and the service would have suffered accordingly.

"At present, I am the only dental surgeon, and it is to be hoped that an assistant will be appointed as soon as possible; with two dental surgeons it should be nearly possible to examine and treat all the school children needing treatment once a year.

The following schools were inspected during the year.

City Schools	Soke Schools	Grammar Schools
Werrington	Eye Mixed	County Grammar
Dogsthorpe	Eye Infants	
West Town Junior	Castor Infants	
West Town Infants	Castor Fitzwilliam	
Lincoln Road Boys	Barnack	
	Thornhaugh	
	Wittering	

"Of 11 sessions per week, 2 were devoted to the treatment of children attending the Grammar Schools, 1 to the children attending the Soke schools, 1 for Orthodontic treatment, and the remaining 7 sessions to the children of the City schools and to inspections. 559 sessions were devoted to treatment, and 12 sessions to inspections in the schools.

"You will notice that in the City schools 789 children were examined, 598 required treatment, and 1,207 were treated. This discrepancy occurs because a number of children had been examined in previous years, but had not received dental treatment. Their dental treatment was given this year, but they were not given another inspection. In future, all children receiving routine dental treatment will be given a routine inspection, even if this routine inspection is given at the Clinic, at the time the child is receiving dental treatment.

" Each morning, a period between 9 a.m. and 10 a.m., is set aside for the treatment of specials, chiefly children suffering from toothache. The number of children treated during the year, 722, is higher than in former years, and is caused through the fact that the children are not being examined and given treatment once a year.

" 1,723 fillings were completed in permanent teeth, and 199 permanent teeth were extracted, which is a ratio of about 9:1.

" There were 423 administrations of general anaesthetics, which is less than last year's figure of 472.

" 13 orthodontic appliances were fitted during the year, and 2 dentures. The dentures were supplied because upper front teeth had been extracted, 2 teeth in one case and 3 teeth in the other.

" 11 pre-school children (under 5 years of age) were treated.

" 1 boy, 10 years old, had an X-ray of his mouth taken, and an unerupted left upper canine tooth was seen with a dental cyst. He was sent to Hospital for the extraction of the tooth and the treatment of the cyst.

" 8 children had their mouths X-rayed during the year, chiefly to discover if teeth were present but unerupted, or absent altogether, or misplaced.

" Of the 1,849 teeth extracted, 12 of them were sound and were extracted because the dental arch was overcrowded. By this means the remaining teeth were able to fall into correct alignment, and the appearance of the children was improved. These are cases of orthodontic treatment being successful by extraction of teeth only, and orthodontic appliances were not necessary.

" Of the 772 children who received local anaesthetics, 37 of these anaesthetics were mandibular injections.

" I wish to thank the Head Teachers for their able co-operation which is a great aid in the success of any dental scheme.

" I also wish to acknowledge the valuable help of Miss Allen, dental attendant, in the compilation of the statistics for this report."

CONCLUSION

Summing up, I find it difficult to give the overall picture with the clarity I should like. I do not anticipate, however, that until all children have been examined and health statistics thus produced have been studied, I can give with confidence comparative findings with the health of children throughout England and Wales.

In conclusion, I wish to thank all members of my staff for their co-operation and invaluable assistance to me in this sphere of my work among the school age group.

I have the honour to be,

Your obedient Servant,

County Council Offices,
Bridge Street,
PETERBOROUGH
May, 1950.

GEORGE NISBET
County Medical Officer,
School Medical Officer
(Joint Education Board)

APPENDIX

MEDICAL INSPECTION AND TREATMENT RETURNS

TABLE I.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS).

(A) Periodic Medical Inspections.

Number of Inspections in the prescribed Groups:—

Entrants	562
Second Age Group	557
Third Age Group	533

TOTAL 1,652

Number of other Periodic Inspections 37

GRAND TOTAL 1,689

(B) Other Inspections.

Number of Special Inspections	79
Number of Re-Inspections	348
TOTAL	427

(C) Pupils Found to Require Treatment.

Number of Individual Pupils found at Periodic Medical Inspections to Require Treatment (excluding Dental Diseases and Infestation with Vermin).

Group.	For defective vision, (excluding squint)	For any of the other conditions recorded in Table H.A.	Total Individual Pupils.
(i)	(ii)	(iii)	(iv)
Entrants	2	97	85
Second Age Group	29	80	96
Third Age Group	19	63	81
TOTAL (Prescribed Groups)	50	240	262
Other Periodic Inspections	5	8	8
GRAND TOTAL	55	248	270

TABLE II.

A. Return of Defects found by Medical Inspection in the Year ended 31st December, 1949.

Defect Code No.	Defect or Disease.	Periodic Inspections No. of Defects.		Special Inspections No. of Defects.	
		Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.
	(i)	(ii)	(iii)	(iv)	(v)
4	Skin	15	14	1	2
5	Eyes				
	(a) Vision	55	21	4	—
	(b) Squint	6	4	—	1
	(c) Other	3	3	—	—
6	Ears				
	(a) Hearing	4	1	2	—
	(b) Otitis Media	1	3	—	—
	(c) Other	24	37	—	—
7	Nose or Throat	54	105	4	1
8	Speech	6	4	3	4
9	Cervical Glands	—	—	—	—
10	Heart and Circulation	4	6	—	—
11	Lungs	11	30	—	—
12	Development				
	(a) Hernia	3	1	—	1
	(b) Other	8	10	—	13
13	Orthopaedic				
	(a) Posture	4	14	—	—
	(b) Flat Foot	59	45	—	8
	(c) Other	15	15	4	3
14	Nervous System				
	(a) Epilepsy	3	1	—	—
	(b) Other	6	5	1	—
15	Psychological				
	(a) Development	2	—	—	—
	(b) Stability	15	78	—	—
16	Other	37	35	3	12

TABLE IV

Group 1. — Minor Ailments										No. of Defects Treated or under Treatment during the year
(a)										
SKIN—										
Ringworm—Scalp—										
(i) X-Ray treatment										—
(ii) Other treatment										—
Ringworm—Body										11
Scabies										3
Impetigo										17
Other skin diseases										36
EYE DISEASE										—
(External and other, but excluding errors of refraction, squint and cases admitted to hospital)										
EAR DEFECTS										106
MISCELLANEOUS										314
(e.g. minor injuries, bruises, sores, chilblains, etc.)										
TOTAL										487
(b) Total number of attendances at Authority's minor ailments clinic										1,325
Group 2. — Defective vision and squint (Excluding Eye Disease Treated as Minor Ailments—Group 1).										
ERRORS OF REFRACTION (including squint)										No. of Defects dealt with
Other defect or disease of the eyes (excluding those recorded in Group 1)										426
TOTAL										20
No. of pupils for whom spectacles were										446
(a) Prescribed										354
(b) Obtained										290
Group 3. — Treatment of Defects of Nose and Throat										
Received Operative treatment—										Total No. treated
(a) for adenoids and chronic tonsillitis										28
(b) for other nose and throat conditions										—
Received other forms of treatment										—
TOTAL										28

TABLE V.
DENTAL INSPECTION AND TREATMENT

1. Number of pupils inspected by the Authority's Dental Officers:—										
(a) Periodic age groups										1,724
(b) Specials										236
(c) Total (Periodic and Specials)										1,960
2. Number found to require treatment										1,336
3. Number actually treated										1,793*
4. Attendances made by pupils for treatment										3,899
5. Half-days devoted to:										
(a) Inspection										12
(b) Treatment										559
TOTAL (a) and (b)										571
6. Fillings: Permanent Teeth										1,723
Temporary Teeth										126
TOTAL										1,849
7. Extractions: Permanent Teeth										199
Temporary Teeth										1,664
TOTAL										1,863
8. Administration of general anaesthetics for extraction										423
9. Other operations: (a) Permanent Teeth										1,203
(b) Temporary Teeth										185
TOTAL (a) and (b)										1,388

* Discrepancy due to the fact that a number of children had been inspected in the previous year but had not received treatment.

